### File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

# FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE** 

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

CAMPAIDH DISCLESURE BU

2010 JAN 19 PH 12: 12

COMMITTEE NAME (Must be same as on Statement of Organ	nization)	<u> </u>	110
Kearns For State Representative Committee			FORM
IMPORTANT: Indicate by # type of committee you are reporting for: [ (1 )Statewide/Legislative/Judge Standing for Retention Candidate (2 ) (4 )County Central Committee (5 )County Candidate (6 )City Candid Subdivision Candidate (8 )County PAC (9 )City PAC (10 )School B 11 ) Local Ballot Issue	al E	DR-2 Rev. 12/2009) DISCLOSURE REPORT For Office Use Only Comm. #	
CANDIDATE COMMITTEES ONLY:			ogged in
Jerry Kearns	Political Party (if applicable) Democrat	8	Scanned
Office Sought State Representative	District (if Senate or House) 92nd	1 1	Audited
Late reports are subject to possible civil and criminal penalties. Purs candidate's committee, and the chairperson, for any other type of consideration of the chairperson of the chairp	suant to lowa Code sections 68B.32A ommittee, is the individual responsible 319.524.1570 TELEPHONE	A(7) and 68 e for filing	SA.401(3), the candidate, for a timely and accurate reports.  DATE SIGNED
100 June 1 January 10 2010			
I AM FILING A January 19, 2010	REPORT FOR (1) ELECTION	وسسسا	-ELECTION YEAR.
(report date)	Indicate by	# [4]	
CHECK IF AMENDMENT TO REPORT DATED		Local Con	nmittees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	County & I which Elec	Local Committees, enter County in ction is held
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the car of the last reporting period or must be zero if this is first	ash on hand at the end	s	5,406.75
ADD TOTAL MONEY TAKEN IN THIS PERIOD	, ,	•	**************************************
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)			2,325.00
Schedule F: Loans Received total (Attach Schedule F)			
Schedule H: Total Sales of Campaign Property (Attac			
(Schedule H applies to Candidates' Comm			
	SUB-TOTAL	\$	7,731.75
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		•	
Schedule B: Expenditures total (Attach Schedule B) (	**also see debts and loans below).		1,674.88
Schedule F: Loan Repayments total (Attach Schedule			
CASH ON HAND at the end of this reporting period (if final repo			6,056.87
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu			
**OUTSTANDING LOANS (From Schedule F - Attach Schedule			
CONSULTANT BREAKDOWN (Schedule G Attached?)	7	Ψ	YES ✓ NO
CANDIDATE COMMITTEES ONLY:		-	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attack	h Schedule H)	\$	
STATE COMMITTEES: Submit a reconciled campaign account		-	
	. Darin Statement in January of each	n <b>year</b> .	

## For Instructions, See Back of Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

MONETARY RECEIPTS (Rev. 07/03) (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM Kearns for State Representative Committee

SCHEDULE

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/17/09	Wilbur Wilson 1145 Gardner Street Des Moines, IA 50313			\$ 25.00	
6/29/2009	ID# 6084 CK# 860	IA State UAW-PAC 5613 Gateway Drive, Ste 800 Grimes, IA 50111		500.00	
9/5/2009	8073 CK# 8123	Waste Management PAC 701 Pennsylvania Ave., NW, Ste 590 Washington, DC 20004		250.00	
9/9/2009	1D# 6067 CK#	Iowa Health PAC 1775 90th Street West Des Moines, IA 50266-1563		200.00	<b>/</b>
	ID# CK#	Julie Schilling 815 Cantebury Drive Burlington, IA 52601-8653		25.00	1
	ID# CK#	Dorothy Cookson 3070 Koehler Lane Montrose, IA 52639		25.00	<b>1</b>
	ID# CK#	Bill and Bev Hoskins 819 Avenue D Ft. Madison, IA 52627		50.00	1
9/14/2009	ID#	Linda Larkin 1304 Avenue B Ft. Madison, IA 52627		100.00	1
12/7/2009	ID# 8548 CK# 1388	ITC Holdings Corp PAC-Michigan 201 Townsend Street, Ste 900 Lansing, MI 48933		200.00	
12/7/2009	ID# CK#	Steve and Kathy Gabel 3597 270th Avenue Keokuk, IA 52632		250.00	
			SUB-TOTAL	s 1625.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of (for Schedule A)

TOTAL (if last page of this schedule)

## For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Kearns for State Representative Committee	

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS	
CHECK THIS BOX II AMENDING FORM		

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
12/7/2009	ID# CK#	Michael Steinkruger 3624 Middle Road Keokuk, IA 52632		\$ 100.00	
12/23/2009	ID# 6098 CK# 3649	Iowa Beverage PAC 321 East Walnut, Ste 310 Des Moines, IA 50309-2026		500.00	
12/30/2009	1D# 8052 CK# 5930	Dupont Good Governement Fund 1007 Market Street Wilmington, Delaware 19898		100.00	
	ID# CK#				
	ID# CK#				
1. 31	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID#				
	ID# CK#				
	<u> </u>	<b>L</b>	SUB-TOTAL	\$ 700.00	

TOTAL (If last page of this schedule)

Page 2 of 2 (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

#### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

<b>COMMITTEE NAME</b>	(Must be same a	es on Statement	of Omanization
COMMITTEE INVINE	(INIUSE DE SAITIE (	is on statement t	n Organizacion,

Kearns for State Representative Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPÓSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2/13/2009	ID# CK#1071	IDemo Party Truman Fund Contribution 5661 Fleur Drive Des Moines, IA 50321		\$ <sup>100.00</sup>
1/6/2009	ID# CK# 1072	Daily Gate City Newspaper Ad		30.00
7/21/2009	ID# IDemo Party Truman Fund Contribution  CK# 1073 IDemo Party Truman Fund Contribution  5661 Fleur Drive Des Moines, IA 50321		250.00	
8/7/2998	ID# CK# <sub>1074</sub>	Daily Gate City Newspaper 1016 Main Keokuk, IA 52632	Ad	30.00
8/17/20909	ID# CK# <sub>1075</sub>	IDemo Party Truman Fund 5661 Fleur Drive Des Moines, IA 50321	Contribution	1000.00
9/23/2009	ID# CK# <sub>1077</sub>	Image Point Printing PO Box 657 Waterloo, IA 50704-0657	Imprinted caps	95.63
11/9/2009	ID# CK# <sub>1078</sub>	Democrat Newspaper 1226 Avenue H Ft. Madison, IA 52627	Ad	47.00
11/9/2009	ID# CK# 1079	Daily Gate City Newspaper 1016 Main Keokuk, IA 52632	Ad	122.25
			SUB-TOTAL	\$ 1674.88
			TOTAL (if last page of this schedule)	\$ 1674.88

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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